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Bib Data Sheet

CONFIRMATION NO. 2385

SERIAL NUMBER 09/656,915	FILING DATE 09/07/2000 RULE	CLASS 424	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. CMZ-129
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APPLICANTS

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DS

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/04/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged

Examiner's Signature: *[Signature]* Initials: *DS*

ADDRESS

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TITLE

Methods and compositions for modulating axonal outgrowth of central nervous system neurons

FILING FEE RECEIVED 894	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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